

STATE OF MINNESOTA

INCIDENT REPORT

(To be completed by appropriate state employees
and persons involved in or observing an incident)

Date of Incident:_____ Time (a.m. or p.m.):_____

Description of Incident (how, where, why, weather conditions, etc.):_____

(Use additional space on page 2, if needed.)

Extent of Damage to Property:_____

Extent of Injury to Person or Persons:_____

Person(s) Injured (names, addresses and telephone numbers):_____

Medical Treatment (person/place administering aid):_____

Witnesses to Incident (names, addresses and telephone numbers):

Information on Person Completing Report:

Printed Name: _____

Position/Title & Office (if state employee): _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Return this report as soon as possible to:

Lori J. Mikl, Legal Affairs
P.O. Box 5838 (Somsen 202)
Winona, MN 55987
Telephone: 507/457-2766
Fax: 507/457-2415

Additional Space for Description of Incident: _____
